

II. Getting Started

A successful program requires active participation from the community and collaboration with other local organizations. Following are sample materials that may be used to enlist the involvement of program participants and partners. Once participants have been recruited, you will need to collect specific information relevant to their involvement with the program. **These materials are included on the diskette so you can tailor them to your program.** A few sheets of letterhead with the *Pick Your Path to Health* logo is included in this resource guide. More will be sent to you to under separate cover and can be ordered using the materials order form in the “Program Tools” section.

Participant Recruitment Flyer

This is a flyer you can print as is or customize to generate interest in prospective participants. Be sure the contact person will be available to receive and respond to phone calls from women who are interested in getting involved. If possible, program an outgoing message on the contact phone number with information on the date, time, and location of upcoming program meetings and/or events, along with particular items women will need to bring or wear (e.g., walking shoes, clothing comfortable to stretch in, a favorite low-fat recipe, and so on).

Letter to Potential Participants

This letter is to be customized and sent to all potential participants detailing the program’s goals, level of expected participation by participants, and how the program will be structured. Coaches can add specific program information they wish potential participants to know. Potential participants should be encouraged to begin to think about their health goals and to contact the Coach or other contact person with any concerns or questions.

Letter to Partners

This letter can be printed on the *PYPH* letterhead. Tailor the letter to each prospective partner, highlighting specific ideas for collaboration. For example, in planning a spirituality-themed event, you may invite a popular yoga instructor to conduct a free workshop on meditation and movement. Appeal to partners’ expertise in developing activities that will encourage participation.

Welcome Letter/Information for Participants

This letter can be printed on *Pick Your Path to Health* Letterhead. It should be sent following enrollment to welcome each participant and provide a brief introduction to the program. It may be useful to tailor this letter to the specific goals of your program, what the program’s expectations are, and include information about the event schedule, including the date, time, and location of an upcoming meeting. All necessary paperwork – medical agreement, contract of partnerships, and so on should be included in this welcome packet.

Contract of Partnership

This Contract of Partnership outlines the individual goals of each participant at program outset. During the course of the program, coaches and participants may refer to the Contract to evaluate progress or revise goals. Coaches may customize this contract as needed.

Medical Agreement

The Coach should go over this medical agreement with all participants. When appropriate, each woman should be required provide a completed agreement signed by their physician prior to initiation of program participation.

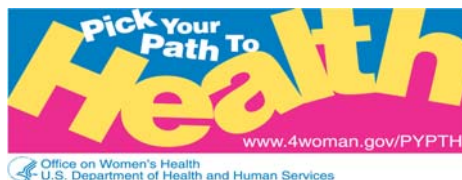
II. Getting Started

Photograph Release Form

As Coaches document the journey of participants using the Internet-based mapping program, they may want to record the successes of the participants in the program in other ways. As part of the program, Coaches will be invited to submit stories of women or groups of women participating in the program which will be included in the *Pick Your Path to Health* Newsletter or other Office on Women's Health publications. We would also welcome photographs of participants. Before taking photographs, it is important to get a release form signed by the participants indicating that they agree to the use of their photos by the Office on Women's Health in various contexts.

Checklist for Coaches

This is a checklist for Coaches to make sure they have all the necessary materials they need and are prepared to begin the program.



Ladies, Want a *Path to Health* that is Easy and Fun?

Busy? Tired? Not enough time to take care of yourself? We understand how you feel. Why don't you,

Let Us Coach You!



Pick Your Path to Health is a new community-based program that will provide individual and group assistance on a variety of health goals, including:

- Spirituality
- Weight Management
- Physical Activity
- Alcohol Use
- Mental Health
- Responsible Sexual Behavior
- Drug Abuse
- Health Care Access
- Tobacco Use
- Disease Prevention
- Violence Prevention
- Family

The Path to Good Health is achieved by taking small, easy steps along the way - it's easier than you think!



You may be paid a small stipend for your participation. If you are interested in participating in this program, contact us:

Partner Recruitment Letter

Print on PYPTH Letterhead

Dear *Partner*:

We are very excited about a new *Pick Your Path to Health* Community Program. It is sponsored by the Department of Health and Human Services' Office on Women's Health. Our goal is to work with women, individually and in groups, to achieve a variety of goals to improve their health and provide them with practical, lifelong tools to put them on a path to good health.

As part of our program, we want to invite agencies and organizations, such as yours, to collaborate with us to give these woman the best opportunity to learn about their health options and to have the leaders in the community be a part of their success.

We are enclosing more information on who we are and are inviting you to be our program's partner by collaborating in a variety of ways: assisting with organized events, participating in workshops, providing information, acting as guest speakers, and so on.

We hope that you will join and collaborate with us on this empowering process. If you any questions, please feel free to contact _____ (**enter contact name**) at _____ (**phone number**). We will be following with you shortly to assess your level of interest and how you may be able to collaborate with us.

Sincerely,

Coach's Name _____

Program _____

Telephone Number () _____

Potential Participants Letter

Print on PYPTH letterhead

Today's Date: [insert]

Participant Address:
[enter]

Dear ____ [enter] _____:

We are very excited in your interest in participating in the *Pick Your Path to Health* Community Program. This program is based on the *Pick Your Path to Health* national, public education campaign from the Department of Health and Human Services' Office on Women's Health. Since its launch in May 2000, the *Pick Your Path to Health* campaign has brought positive health messages to women in communities all over America. The response has been overwhelmingly positive. Women especially like the suggested weekly action steps designed to fit into busy lifestyles.

Let us give you some background on our program:
[insert]

The structure of our program and how we will be assisting you to reach your health goals is as follows:
[insert]

As a participant, you will be expected to:

[fill in program and coach's expectations]

We look forward to working with you and are confident you will benefit from this program in achieving your health goals. Our program will start on **[enter date]**. If you have any questions or concerns please contact _____ at _____ (phone number).

Participant Welcome Letter

Print on PYPTH letterhead

Date: [insert]

Address
[insert]

Dear [insert participant's name]:

Welcome! We are very excited about your involvement with the *Pick Your Path to Health* Community Program based on the *Pick Your Path to Health* national, public education campaign. Since its launch in May 2000, the campaign has brought positive health messages to women in communities all over America and the response has been overwhelmingly positive. Women especially like the suggested weekly action steps designed to fit into busy lifestyles.

Using the action steps and some of your own, [Name of your organization] will work with you to tailor a program to achieve your health goals. Your involvement presents a unique opportunity to discover the benefits of choosing your own path to a healthier and more fulfilling life.

The program will consist of the following activities/details [add or delete as needed]:

- ◆ A Coach who will work with you to set and achieve your personal goals
- ◆ Workshops and other health-related events
- ◆ Individual and group participation
- ◆ Educational and resource materials on a variety of health topics

To begin your program, please report to [insert coach's name] at [insert place/address where program will first meet] on [enter date] at [enter time]. At that time, we will meet to discuss your individual health goals, have you fill out necessary administrative paperwork (including how you will be paid for your participation).

We look forward to working with you and wish you much success in achieving your health goals. If you have any questions or concerns, please contact your Coach, **[insert coach's name]** at **[insert contact phone number]**. Your coach will be your main point of contact and is here to help you.

Your path to good health is now underway, and we're pleased we will be there to guide you. It IS easier than you think!

Contract of Partnership

Your participation in the *Pick Your Path to Health* Community Program is a partnership between you (to make healthful lifestyle choices) and us (to guide and “Coach” you on your path to health). Your commitment is reflected in the establishment of your personal goals for this program and in acknowledging your commitment to participate as fully as possible. Although our goal is to assist you in obtaining your desired mental and physical health goals, our primary role is to serve as a resource for health information and provide structure and facilitation toward your goals.

As a partner, please understand that we do not diagnose medical conditions nor suggest any kind of treatment for any medical condition. We are also not to be taken as a substitute for medical care or regular scheduled medical appointments. Additionally, we do not accept any responsibility for your health status. If you have any medical conditions that may affect or preclude your participation (i.e., over the counter and prescribed medications, health conditions, physical limitations, etc.) you must inform us and get permission from your physician, if necessary.

By signing below you are acknowledging your dedication to the program and goals established between you and your coach.

Participant signature: _____

Date: _____

Coach's signature: _____

Date: _____

Medical Agreement

As a participant in the *Pick Your Path to Health* Community Program, our goal is to assist you in making changes in your lifestyle to obtain your desired mental and physical health goals. Before you begin the program, we ask that you notify us of any medical conditions that may affect your participation (i.e., use of over the counter and prescribed medications, health conditions, physical limitations, etc.) If you have any medical conditions or take any medications, you must get permission from your physician or health care provider to participate in this program and furnish us with any necessary information.

We do not accept any responsibility for your medical status (illness, injuries, hospitalizations) during your participation in this program. If at any time your health changes during your participation in the program, it is your responsibility to inform us and your physician or medical caregiver. If we feel your health status cannot allow you to safely participate in this program, we will immediately inform you that your participation officially been terminated.

By furnishing the information below and signing at the bottom, you agree to all of the above.

Your name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Physician's Name: _____

Address: _____

Phone: _____

Medical status (list any and all medical conditions, medications): _____

Signature: _____ Date: _____

I have determined that _____ is medically able to participate in this program with: [] no special accommodations [] with the following accommodations, please list:

Physician Name: _____

Phone: _____

Signature: _____ Date: _____

Photograph Release Form

For valuable consideration received, I hereby give the Office on Women's Health (OWH) the absolute, irrevocable right and permission, with respect to the photographs that have been taken of me or in which I may be included with others:

To use, reuse, publish and re-publish the same in whole or in part, individually or in conjunction with other photographs, in any medium and for any purposes, including (but not by way of limitation) illustration, promotion and advertising for the government.

I hereby release and discharge OWH from any and all claims and demands arising out of or connection with the use of photographs, including any and all claims for libel.

This authorization and release shall also ensure to the benefit of the legal representatives, licensees and assigns of OWH as well as other government agencies.

I am over the age of twenty-one, or my guardian is signed. I have read the foregoing and fully understand the contents thereof.

Name and Address:

Signature:

Date:

Witnessed by:

Checklist for Coaches

Before you begin your program, check the items below to make sure you have everything that you need.

Getting Started

Completed

- Did you develop your work plan? ☐
- Have you submitted the work plan to your Program Director? ☐
- Do you feel you are well trained on how to use the journey mapping system? ☐
- Are you prepared to start documenting individual women's successes to submit them to the Regional Office? ☐
- Do you have necessary signed forms from all the participants? ☐
 - Contracts of Partnerships ☐
 - Medical Agreements ☐
 - Photograph Releases ☐
- Did you go over goals with each participant? ☐
- Did you complete the coaches' baseline evaluation form? ☐
- Do you have all the materials you need? ☐
 - Journals, postcards, day books, posters, planners? ☐
 - Roles and responsibilities for coaches? Tips for coaches? ☐
 - Suggested activities, sample articles, goal sheets for participants? ☐
 - Order forms to request more materials? ☐
- Anything else you need to get started? If so, list below and call your Project Officer. ☐

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